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United Nations Population Fund

Country programme document for Namibia

Proposed indicative UNFPA assistance:	$7.5 million: $3.2 million from regular resources and $4.3 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2019-2023)
Cycle of assistance:	Sixth
Category per decision 2017/23:	Orange

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 2	Adolescents and youth	1.8	2.7	4.5
Outcome 3	Gender equality and women's empowerment	1.0	1.6	2.6
Programme coordination and assistance		0.4	-	0.4
Total		3.2	4.3	7.5

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I. Programme rationale

1. Namibia is an upper middle-income country with a population of 2.3 million in 2016 and a projected annual growth of 1.9 per cent. Sixty-six per cent of the population is below the age of 30, and 10 to 24-year-olds constitutes 33 per cent of the total population. Although the total fertility rate for Namibia fell from 5.4 in 1992 to 3.6 in 2016, it remains high in several regions, particularly in Ohangwena (5.3), Omaheke (4.6) and Kunene (4.5). While the country has made great progress in improving access to education, only 42 per cent of girls complete secondary education. With an increase in the youth unemployment rate, from 37.7 in 2013 to 43.9 per cent in 2016, combined with a critical skills shortage, especially among the youth, significant investments are required for the country to benefit from the demographic dividend.

2. The country has one of the most unequal distributions of wealth globally with a national Gini index of 57.2 per cent; it ranks third alongside South Africa and Botswana. Although poverty rates have fallen significantly since independence, they remain high: 27 per cent in rural areas and 9.6 per cent in urban areas. In addition, 44 per cent of female-headed households and 32 per cent of women live below the poverty line. Women, especially girls, are often forced to find alternative ways to earn a living, making them susceptible to sexual abuse and exploitation, gender-based violence, child and early-marriage (7 per cent nationally), HIV and unplanned pregnancies.

3. The maternal mortality rate is high for an upper middle-income country (385 per 100,000 live births). The three main contributing factors are limited access to high-quality emergency obstetric and newborn care, the high prevalence of HIV (the indirect cause of more than half of reported maternal deaths) and limited access to adolescent-friendly health services to prevent unintended pregnancies. Despite a high-skilled birth attendance rate of 88.2 per cent, access to high-quality emergency obstetric care services is very limited, especially in the northern regions. The Ministry of Health is currently implementing a comprehensive strategy to ensure minimum standards of coverage and quality to meet international standards.

4. The national adolescent pregnancy rate is 19 per cent, with regional variations ranging from 38.9 and 36.3 in Kunene and Omaheke respectively, to 9 per cent in Oshana. Adolescent girls in rural areas and those with only a primary level education tend to start childbearing earlier than their urban and better-educated peers. A 2016 UNFPA study on teenage pregnancy in Namibia, found that the first sexual experience is unwanted for 54 per cent of girls. Thirty-four per cent of girls aged 17-19 years are not in school, largely due to adolescent pregnancy and socioeconomic reasons, including domestic duties and long travelling distances to schools. The country is sparsely populated and access to information and high-quality social and health services, especially in rural areas, remains a challenge.

5. Seventy-six per cent of sexually active adolescent girls do not use modern methods of contraception, particularly rural adolescents. Limited availability of an adequate method mix, including long-acting reversible contraceptives; a poor supply chain infrastructure; the lack of robust social structures to educate adolescents on sexuality; reluctant health service providers; and negative perceptions of contraceptive use, combined with deep-rooted social norms, means that the use of contraception among adolescents remains low.

6. The total HIV prevalence rate is 17.2 per cent and for young people is 7.9 per cent. The prevalence rates for the Zambezi region are 23.7 and 20 per cent respectively. The Zambezi region shares its border with four countries; the relatively high HIV prevalence rates are largely due to the multiple and concurrent sexual interactions between truck drivers that regularly cross the border and commercial sex workers. The highest proportion of estimated new infections is among young women aged 15-24 years, accounting for 21 per cent of all new HIV infections in 2017. Comprehensive knowledge of HIV and AIDS is relatively low among adolescent girls and boys (55.9 and 51.4 per cent respectively).

7. Thirty-three per cent of girls and young women aged 15-24 years have experienced physical violence; 6 per cent of women reported experiencing physical

violence during pregnancy. Limited implementation of policies and laws related to gender-based violence, and limited availability and access to high-quality integrated services remain a serious challenge, with 15 per cent of gender-based violence survivors never seeking support services. Discriminatory gender and sociocultural norms perpetuate gender-based violence: 29.5 per cent of adolescent boys and 28.3 per cent of adolescent girls perceive beating as an acceptable way for a husband to discipline his wife. The prevalence of violence against women and girls has adverse effects on economic growth and development, with estimated economic costs of 1.2 to 2 per cent of the gross domestic product due to productivity loss and increased health care costs.

8. Namibia has established a robust data-collection system and consistently conducts censuses and demographic health surveys, among others. However, gaps remain in the availability of disaggregated data, especially for the most vulnerable such as adolescents aged 10-14 years and persons living with a disability. Coordination of information management systems across sectors such as health, education and gender to ensure the production, management, dissemination and use of high-quality and timely disaggregated data on adolescent sexual and reproductive health and rights, HIV and gender-based violence, remains a challenge.

9. The effects of droughts and outbreaks of disease are extensive, complex and multifaceted. The El Niño-related drought in 2016 affected 578,480 people or 25 per cent of the population. An enabling policy environment for emergency preparedness management and response exists, but coordinating implementation is a challenge, particularly for the provision of adequate services to women and young people.

10. During the fifth country programme, UNFPA was instrumental in achieving the following: (a) the institutionalization of maternal death reviews in all health districts, improving the quality of maternal care; (b) the introduction and adoption of long-acting, reversible contraceptive methods in the essential medicine list and corresponding revision of guidelines for health workers; (c) the implementation of comprehensive sexuality education in 77 per cent of public schools as a result of the development of new materials and support to teacher training, as well as the adoption of a national framework and curricula for out-of-school youth; (d) a 14.7 per cent increase in the coverage of first time family planning visits, attributable to the UNFPA sexual and reproductive health/HIV integration programme; (e) the training of 55,781 community members in gender-based violence prevention and response services; (f) the development of web and mobile-based prototypes for gender-based violence prevention and response, and the 'tune me' online platform for youth sexual and reproductive health; and (g) the establishment of gender-based violence ('Break Free') and HIV prevention ('Be Free') initiatives, which reached 5,745 rural community members in 2017; and (g) the generation of evidence, particularly through the 2016 intercensal demographic survey, and studies related to the demographic dividend, gender-based violence, fertility and mortality, which were used to inform the development of ministerial sector development plans. Despite these achievements, programmatic gaps include the need to: accelerate the roll out of adolescent-friendly health services; apply a more targeted approach to addressing discriminatory social norms, focusing on districts where these norms are most prevalent; supervise and monitor the delivery of high-quality comprehensive sexuality education; and develop high-impact interventions targeting the most vulnerable groups including persons with a disability.

11. Lessons learned from the fifth country programme reveal that: (a) regular generation of strategic evidence, with a focus on hard-to-reach areas and on tested approaches, effectively facilitates advocacy, government buy-in and resource mobilization efforts; (b) institutionalization of comprehensive sexuality education and family planning training, particularly in higher-learning establishments, enhances resource maximization and promotes programme sustainability; (c) use of technology provides an avenue to reach, engage and empower women, adolescents and young people, and to scale up prevention and response efforts; (d) involvement of lawmakers is key for dissemination of laws; and (e) regional approaches, including middle-income forums, are essential for learning and sharing experiences and improving strategic programming.

II. Programme priorities and partnerships

12. The sixth country programme is aligned to the United Nations Partnership Framework 2019-2023, the Harambee Prosperity Plan, the National Development Plan 5, sector strategic plans, the Sustainable Development Goals and the UNFPA Strategic Plan 2018-2021. The programme has been developed through a consultative and inclusive process led by the Government of Namibia.

13. In partnership with government and United Nations organizations, UNFPA will implement upstream interventions at the national level. At the subnational level, UNFPA will mobilize resources to support Ohangwena, Zambezi, Kunene and Omaheke regions, to increase access to youth-friendly, integrated sexual and reproductive health services, including HIV prevention and gender-based violence response. The programme also addresses the needs of the most marginalized youth, including adolescent girls in the target regions, by increasing their capacity to adopt protective sexual behaviours through targeted rights-based approaches to address unmet need for contraception. Based on the principle of 'leave no one behind', there will be greater focus on enhancing national capacities for disaggregated data-collection, research and innovation, through partnerships with government, civil society and academia.

14. UNFPA will use its comparative advantage in providing upstream policy advice and institutional capacity to promote joint programmes for youth and gender-based violence prevention, based on common areas identified in the 'delivering as one' approach, particularly those that contribute to the social and economic pillars of the United Nations Partnership Framework. Guided by the Common Chapter of the UNFPA strategic plan, UNFPA will work together with the wider United Nations system to ensure stronger alignment and collaboration.

15. South-South cooperation, particularly with other middle-income countries, and partnerships with the media, academia, civil society organizations, the private sector, development partners and young people will be established and strengthened for the development and implementation of innovative and cost-efficient models of service delivery for women and young people. UNFPA will engage with other countries in the region, and with countries at a similar stage of newly-advanced economic development, to promote research, innovation, norms and standards.

A. Outcome 2: Adolescents and youth

16. *Output 1: Young people, particularly adolescent girls, are better equipped with knowledge and skills to make informed decisions on their reproductive health and rights.* UNFPA will: (a) engage with parliamentarians, civil society organizations, community leaders, youth networks and the media to advocate for the implementation of laws, policies and programmes that promote adolescent sexual and reproductive health and rights, and for increased investments to achieve the government target of 90 per cent of youth with accurate knowledge of HIV; (b) strengthen the institutional capacity to deliver high-quality and evidence-based comprehensive sexuality education in higher learning institutions and to out-of-school youth; (c) advocate for investment in youth leadership, participation, economic empowerment and employability, including through the 'be free' and 'break-free' campaigns; (d) facilitate youth dialogue and national dialogue to counter negative social norms and adopt positive values; and (e) facilitate the development of information communication and technology solutions to reach, engage and empower adolescents and young people in relation to sexual and reproductive health and rights.

17. *Output 2: Adolescents and young people have improved access to adolescent and youth-friendly health services.* The programme will include: (a) training health workers and building institutional capacity to deliver high-quality, adolescent-friendly health services, including the scale up of integrated sexual and reproductive health and HIV services by ensuring 'no one is left behind' in the UNFPA focus districts; (b) training of relevant Ministry of Health staff to ensure an efficient and sustainable supply chain management system that delivers a reliable supply of contraceptive methods, including long-acting reversible methods; (c) promoting the rights of sex workers and improving

their access to integrated sexual and reproductive health services; and (d) supporting the generation of demographic intelligence, with a focus on the most vulnerable adolescents and youth, to inform advocacy, policymaking and resource allocation.

B. Outcome 3: Gender equality and women's empowerment

18. *Output 3: Strengthened capacity of national institutions to deliver comprehensive and integrated gender-based violence response services and to empower communities to prevent gender-based violence.* To combat sexual violence and address unmet need for contraceptives, UNFPA will engage in advocacy and policy dialogue, capacity development and knowledge management to: (a) equip key government staff and health service providers with the skills to effectively coordinate and deliver the integrated essential service package for women and girls subjected to violence, including the delivery of contraceptive information and services, and emergency contraception options; (b) advocate for the effective implementation of legal and policy frameworks, and international instruments for gender-based violence prevention and response; (c) strengthen the generation, management and analysis of high-quality disaggregated data to inform policies, laws and programmes for the prevention of gender-based violence and harmful practices (such as early and forced marriages), and the promotion of equitable access to contraceptives, with a particular focus on the most vulnerable and furthest behind; (d) support social mobilization programmes targeting men and boys, to combat discriminatory norms and promote positive values and behaviours (including supporting activists to speak out and share their stories); promote dialogue among parents, educators, community leaders, media practitioners, social media influencers and the youth; and raise awareness among parliamentarians of the need to advocate for the promotion and protection of the rights of adolescents and young people; (e) support innovation, including the use of information communication and technology solutions for sexual reproductive health and gender-based violence prevention and response; and (f) provide technical assistance for the integration of gender-based violence and sexual and reproductive health services into disaster risk management and humanitarian response programmes.

III. Programme and risk management

19. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

20. The National Planning Commission will provide oversight and coordination of programme implementation. National execution is the preferred implementation modality and the programme will use the 'harmonized approach to cash transfers'. UNFPA will select implementing partners based on their ability to deliver results and their accountability frameworks, and will monitor performance and periodically adjust implementation arrangements. Annual audits and spot checks will also be implemented to ensure high-quality programme and financial accounting procedures.

21. The resource mobilization, partnership and communication plans will be reviewed periodically to reflect current realities and ensure accountability. Whenever feasible, joint proposals will be developed with other United Nations organizations for funding from the private sector, government and development partners.

22. The programme will be delivered with the support of the technical, operational and programmatic expertise of UNFPA staff at country, regional and headquarter levels. Following a midterm review, a human resources alignment exercise was undertaken in 2017 to ensure an adequate skills mix for efficient programme delivery. The country office will avail services from the newly established UNFPA Multi-Country Middle-Income Hub for operational services, and high-level technical and socioeconomic policy advice.

23. Namibia is vulnerable to external economic shocks; has experienced limited economic growth, which imposes restrictions on government expenditure; suffers from inequalities and persistent social norms; and has low absorptive capacity for development funding. The country is also prone to natural disasters such as floods, droughts and outbreaks of disease. UNFPA will therefore regularly conduct a risk analysis to identify operational, economic and sociopolitical risks to the programme; support implementing partners to fill immediate capacity gaps; and regularly update the business continuity, risk mitigation and emergency preparedness plans. Innovation, communication and visibility of interventions; strengthening accountability and ownership mechanisms; and advocating for investment in adolescents and youth; and building resilience will be critical strategies for managing potential risks. In the event of an emergency, UNFPA may, in consultation with the Government and the regional office, re-programme funds to respond to emerging issues within the UNFPA mandate.

IV. Monitoring and evaluation

24. The Government and UNFPA will work with other United Nations organizations, and multilateral and bilateral partners to strengthen national and subnational level monitoring and evaluation capacities and systems. The programme will draw upon national strategic planning processes; monitor and evaluate efforts to track progress towards the Sustainable Development Goals; identify progress for groups that are 'furthest behind' and provide technical support for corrective actions.

25. Following UNFPA results-based management guidelines, the country office will design a monitoring and evaluation plan, including tools for reporting and communicating achievements, to ensure accountability to donors and beneficiaries. Annual programme reviews and work planning will be informed by monitoring and evaluation data and environmental scanning; if required, corrective measures to accelerate achievements of planned results will be taken. An end-line evaluation will be conducted in the penultimate year of the programme to assess effectiveness, efficiency, impact, relevance, coherence and sustainability of programme interventions.

RESULTS AND RESOURCES FRAMEWORK FOR NAMIBIA (2019-2023)

National priority: By 2022, all Namibians will have access to high-quality health care. The Health-adjusted life expectancy will increase from 58 to 67.5 years
UNPAF outcome: By 2023, most vulnerable women, children, adolescents and young people have access to and utilize high-quality integrated health care and nutrition services.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 2: Adolescents and youth Outcome indicators: • Adolescent birth rate (aged 15-19 years). *Baseline:* 82/1,000; *Target:* 65/1,000 • Percentage of women and men aged 15-24 years who both correctly identify ways of preventing transmission of HIV and reject major misconceptions about HIV transmission. *Baseline:* 61.6 for women and 51.1 for men; *Target:* 90 for both • Percentage of adolescents (aged 15-19 years) with met need for contraceptives. *Baseline:* 24.5; *Target:* 30	Output 1: Young people, particularly adolescent girls, are better equipped with knowledge and skills to make informed decisions on their reproductive health and rights	• Number of identified marginalized adolescent girls who successfully completed life skills and asset building/employability programmes in the target districts. *Baseline:* 0; *Target:* 5,000 • Proportion of institutions of higher learning that have comprehensive sexuality education as part of their curricula. *Baseline:* 0; *Target:* 66 • Number of youth organizations that are engaged in the formulation of national sexual and reproductive health policies. *Baseline:* 4; *Target*: 8	Ministry of Health and Social Services; Ministry of Sport, Youth and National Service; Ministry of Education, Arts and Culture; Namibia Statistics Agency; Namibia Planned Parenthood Association; One Economy Foundation; United Nations organizations; media houses; civil society organizations; parliamentary committees; academic and professional associations	$ 2.5 million ($1.0 million from regular resources and $1.5 million from other resources)
	Output 2: Adolescents and young people have improved access to adolescent- and youth-friendly health services	• Proportion of public health facilities that provide high-quality, integrated adolescent-friendly sexual and reproductive health services. *Baseline:* 22%; *Target:* 50% • Number of health providers with adequate knowledge of long-acting reversible contraceptive methods. *Baseline*: 21; *Target*: 800 • Number of sector plans that have integrated the demographic dividend study report recommendations. *Baseline:* 1; *Target*: 5 • Adolescent indicators, disaggregated by age and gender, are included in the 2021 Population and Housing Census. *Baseline:* No; *Target*: Yes		$2.0 million ($0.8 million from regular resources and $1.2 million from other resources)
Outcome 3: Gender equality and women's empowerment Outcome indicators: • Percentage of adolescent girls and women (aged 15-24 years) who have experienced physical violence during the past 12 months. *Baseline*: 33; *Target:* 20 • Percentage of adolescents (aged 15-24 years) who agree that a husband is justified in beating his wife under certain circumstances. *Baseline*: 28 for girls and 29.5 for boys; *Target:* 20 for both	Output 3. Strengthened capacity of national institutions to deliver comprehensive and integrated gender-based violence response services and empower communities to prevent gender-based violence	• Number of community-based platforms that address gender-based violence and child marriage in target districts with UNFPA support. *Baseline:* 0; *Target:* 10 • Existence of a functional national gender-based violence information management system. *Baseline*: No; *Target*: Yes Number of identified survivors of gender-based violence who have utilized the essential services package in target districts. *Baseline:* 0; *Target*: 1,000 • Minimum Initial Service Package integrated into the National Disaster Risk Management Plan. *Baseline:* No; *Target:* Yes	Ministry of Gender Equality and Child Welfare; MoHSS; Ministry of Justice; Ministry of Home Affairs; MoEAC; Office of the Prosecutor; One Economy Foundation; Life Line Child Line; academic associations; Parenthood Association; civil society organizations; United Nations organizations; media organizations; parliamentary committees	$2.6 million ($1 million from regular resources and $1.6 million from other resources)